STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| II. Name of lobb | yist's partnersl | ip, firm or corporation, if | any: | | |
|------------------------------------|------------------|--|--|------------------|-------------------------|
| | New Hamp | shire Municipal Associat | ion | | |
| | (Name of partner | ship, firm or corporation) | | | |
| 25 Triangle P | Park Drive | Concord | NH | | 03301 |
| Business Address: | (Street) | (Town/City) | (State |) | (Zip Code) |
| 603 _224.744 | | () | | governmenta | ffairs@nhmunicipa |
| (Telepho | one) | (Fa | x) | | |
| reportable exper | nse transactions | ose one — file separate repo which are not attributable curring in the months prior to | e to any one client). | | |
| | (Full Name | e of Client as it appears on the I | obbyist Registration Form |) | |
| <u>OR</u> | | | | | |
| All reportable inrelated to any p | | the lobbyist (including the lo | bbyist's family), or the | lobbying firm li | sted below which are |
| V. Date of Repo | | 2017 \mathbf{X} of registration to 3/31/17 | July 26, 2017 activity from 4/1/17 to | | |
| | | 25, 2017 | January 31, 2 activity from 10/1/17 | | |
| | ked, complete ju | eceived and no reportable st this form and submit it to | | | |
| /I. Check if add | - | | | | |
| • | | nade expenditures, you must | | - | |
| ☐ If you have p Expense Reimbur | | m or reimbursed expenses, y | ou must file Addendun | B- Report of | Honorariums or |
| • | | ily has made political contri | butions, you must file A | ddendum C– F | Political Contributions |
| Sworn Statemen | | | _ | | |
| | | SA 14-C and RSA 664 and welledge and belief. | hereby swear or affirm t | hat the foregoir | ig information is true |
| | Addu | XW | April 2 | 6, 2017 | |
| Signature of lob | byist) | | - | (Date) | |
| Judy A. Silv | a, Executive I | Director | | | |
| (Print Name of lo | obbyist) | | | | |

R \mathbf{N} T

STATE OF NEW HAMPSHIRE RECEIVED

Lobbyists Fees and Expenses Addendum A

APR 28 2017

(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT, OF STATE

| I. Name of Lobbyist(s) Judy A. Silva, | Cordell A. Johnston, Barba | ra T. Reid, Timothy W. Fortier |
|--|--|--|
| II. Name of lobbyist's partnership, firm o | r corporation, if any: | |
| New Hampshire Mun | icipal Association | |
| (Name of partnership, firm or corpor | ation) | |
| III. Name of Client New Hampshire Mun | icipal Association | DateApril 26, 2017 |
| IV. Fees Received Indicate the gross amount of all fees received for to lobbying, including fees for services such as including research, monitoring legislation, and reduced by any expenses: | s public advocacy, government | relations, or public relations services |
| a) Total of all fees received in this reporting pe | riod | a) \$ 44,463.81 |
| b) Total of all fees received this calendar year, (This should equal the total of all prior mor | | b) \$ |
| c) Total of all fees received to date (Add lines a and b) | | c) \$44,463.81 |
| d) Indicate the amount of any such fees that ar yet been paid | e due, but have not | d) \$ |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or confees. Separate reports are to be filed for experithe lobbyist(s)/firm that are unrelated to any Expenses are to be reported in one of three conduring the reporting period for salaries, benefit individual expenses where the expenditure was lunch where the cost was \$25.00 or less, purchabeing lobbied, purchase of a ceremonial object (c) an itemized statement of each individual expany purpose not covered by (a) (for example: ceremonial object to be given to the subject or restaurant expenses for a legislative reception contributions will be reported on separate addentifications. | ditures made relative to each cone client a separate report mategories of expenses: (a) the ts, support staff, and office exts of \$25.00 or less (for example ase of a pen with a value of less given to a person being lobbied benditure made during this report purchase of a meal with value of lobbying with a value greater). Expenses for honorariums, dums and should not be reported. | elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all ex meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and tring period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting p support staff, and office expenses, related direct | ly or indirectly to lobbying. | a) \$ |
| b) Total aggregate of expenditures during this r in a), of \$25 or less. | eporting period, not reported | b) \$0.00 |
| c) Total of all itemized expenditures reported in | c) \$0.00 | |

| d) Total expenses for this reporting period (Add lines a, b and c) | d)\$_ | 44,463.81 |
|--|-----------|----------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ | 0.00 |
| f) Total of all expenses year to date | f) \$ | 44,463.81 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying | fees during this reporting |
| Paid to: | Amou | nt: |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| • | | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that th | e foregoing information |
| Judy Walker | Apr | il 26, 2017 |
| (Signature of lobbylist) | | (Date) |
| Judy A. Silva | | |
| (Print Name of lobbyist) | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affi Statement of Income a | • • | Cordell A. John | nston | |
|---|--|--|---|-------|
| Name of Lobbying partne | ership, firm, or corpo | ration: | | |
| Name of Client (leave bla particular client): New l | ank if Statement is for Hampshire Municip | or the partnership, firm, or al Association | corporation and not related to | o any |
| Date of Report (check on | ne): | | | |
| April 26, 2017 □X | July 26, 2017 □ | October 25, 2017 □ | January 31, 2018 □ | |
| | | | d Expenses described above umber of Addendum forms l | |
| X Addendum A(s). | | | | |
| Addendum B(s). | | | | |
| Addendum C(s). | | | | |
| I hereby swear or affirm complete to the best of m | | | t and each Addendum is true | e and |
| Call C. Lan | e | | April 26, 2017 | |
| (Signature of lobbyist) |) | | (Date) | |
| Cordell A. Johnston | | | | |
| (Print Name of lobbyist) | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: | Barbara T. Reid |
|--|--|
| Name of Lobbying partnership, firm, or corporation: | |
| Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal Asso | artnership, firm, or corporation and not related to any ociation |
| Date of Report (check one): | |
| April 26, 2017 □ | ber 25, 2017 □ January 31, 2018 □ |
| I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted): | |
| X Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| I hereby swear or affirm that the foregoing informati complete to the best of my knowledge and belief. | on on the Statement and each Addendum is true and |
| (Signature of lobbyist) | April 26, 2017 |
| (Signature of loodyist) | (Date) |
| Barbara T. Reid | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: | Timothy W. Fortier |
|--|--|
| Name of Lobbying partnership, firm, or corporation | : |
| Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal Ass | partnership, firm, or corporation and not related to any sociation |
| Date of Report (check one): | |
| April 26, 2017 □ | tober 25, 2017 □ January 31, 2018 □ |
| | tement of Income and Expenses described above, and tement (insert the number of Addendum forms being |
| X Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| I hereby swear or affirm that the foregoing informa complete to the best of my knowledge and belief. | tion on the Statement and each Addendum is true and |
| There When | April 26, 2017 |
| (Signature of lobbyist) | (Date) |
| Timothy W. Fortier | |
| (Print Name of lobbyist) | |